

**COMBINED DECLARATION
AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My citizenship, residence and post office address are as listed below next to my name.

I believe I am the original, first and [] sole/[x] joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: "Method and Reagents for Genetic Immunization"

the specification of which:

(a) [] is attached hereto.

(b) [x] was filed on _____ as Application Serial No. _____ and was amended on _____.

(c) [x] was described and claimed in International Application No. PCT/US97/12675 filed on 07/18/97 and amended on _____.

Acknowledgment of Duty of Disclosure

I hereby state that I have reviewed and understood the content of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the patentability of the subject matter claimed in this application in accordance with Title 37, Code of Federal Regulations § 1.56(a).

Continuation-In-Part Application

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status)(patented,pending,abandoned)
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(Application Serial No.)	(Filing Date)	(Status)(patented,pending,abandoned)
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Power of Attorney

I hereby appoint Carl Oppedahl, PTO Reg. NO. 32,746, Marina T. Larson, PTO Reg. No. 32,038, and Nancy J. Parsons, PTO Reg. No. 40,364 of the firm of OPPEDAHL & LARSON LLP, having office at P.O. Box 5270, 611 Main Street, Frisco, CO 80443 as attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO:
OPPEDAHL & LARSON LLP
P.O. Box 5270
Frisco, CO 80443-5270

DIRECT TELEPHONE CALLS TO:
OPPEDAHL & LARSON LLP
(970) 668-2050

Claim for Priority

I hereby claim priority under Title 35, United States Code, § 119 of any foreign or provisional application(s) for patent or inventor's certificate listed below and have identified any foreign applications for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

EARLIEST FOREIGN APPLICATION(S), FILED WITHIN TWELVE MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION				
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)	PRIORITY CLAIMED
				YES [] NO []
FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION				
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)	PRIORITY CLAIMED
				YES [] NO []

I HEREBY CLAIM THE BENEFIT UNDER 35 U.S.C. 119 (E) OF ANY UNITED STATES PROVISIONAL APPLICATIONS LISTED BELOW.	
	DATE OF FILING (day/month/year)
US Provisional	60/022,710
	07/26/96

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR	LAST NAME HOUGHTON	FIRST NAME Alan	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE New York	STATE OR COUNTRY OF RESIDENCE US	COUNTRY OF CITIZENSHIP US
POST OFFICE ADDRESS c/o Office of Industrial Affairs Memorial Sloan-Kettering Institute for Cancer Center 1275 York Avenue		CITY New York	STATE/COUNTRY ZIP CODE New York US 10021
DATE	SIGNATURE 		
1 - 8 - 99			

[x] Signature for additional joint inventor attached. Number of Pages 1.

[] Signature by Administrator(trix) or legal representative for deceased or incapacitated inventor. Number of Pages .

[] Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR § 1.47. Number of Pages .

NAME OF SECOND INVENTOR	LAST NAME BARTIDO	FIRST NAME Shirley	MIDDLE NAME M.
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE Jersey City	STATE OR COUNTRY OF RESIDENCE New York	COUNTRY OF CITIZENSHIP IN
POST OFFICE ADDRESS c/o Office of Industrial Affairs Memorial Sloan-Kettering Institute for Cancer Center 1275 York Avenue		CITY New York	STATE/COUNTRY ZIP CODE New York US 10021
DATE	1/11/99	SIGNATURE <i>shirley bartido</i>	
NAME OF THIRD INVENTOR	LAST NAME XU	FIRST NAME Yiqing	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE Astoria	STATE OR COUNTRY OF RESIDENCE New York	COUNTRY OF CITIZENSHIP CN
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DATE	SIGNATURE		
NAME OF FOURTH INVENTOR	LAST NAME WANG	FIRST NAME Siqun	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE New York <i>Wilmington</i>	STATE OR COUNTRY OF RESIDENCE New York <i>Delaware</i>	COUNTRY OF CITIZENSHIP CN
POST OFFICE ADDRESS c/o Office of Industrial Affairs Memorial Sloan-Kettering Institute for Cancer Center 1275 York Avenue <i>4 Collins Dr.</i>		CITY New York <i>Wilmington</i>	STATE/COUNTRY ZIP CODE New York- DE 19803 US 10021
DATE	<i>January 14, 1999</i>	SIGNATURE <i>Sheri M. J.</i>	

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				YES <input type="checkbox"/> NO <input type="checkbox"/>
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				YES <input type="checkbox"/> NO <input type="checkbox"/>

I HEREBY CLAIM THE BENEFIT UNDER 35 U.S.C. 119 (E) OF ANY UNITED STATES PROVISIONAL APPLICATIONS LISTED BELOW.	
	DATE OF FILING (day/month/year)
US Provisional	60/022,710
	07/26/96

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POST OFFICE ADDRESS c/o Office of Industrial Affairs Memorial Sloan-Kettering Institute for Cancer Center 1275 York Avenue	CITY New York	STATE/COUNTRY ZIP CODE New York US 10021	
DATE <u>1-8-99</u>	SIGNATURE 		

- [x] Signature for additional joint inventor attached. Number of Pages 1.
 [] Signature by Administrator(trix) or legal representative for deceased or incapacitated inventor. Number of Pages ____.
 [] Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR § 1.47. Number of Pages ____.

NAME OF SECOND INVENTOR	LAST NAME BARTIDO	FIRST NAME Shirley	MIDDLE NAME M.
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE Jersey City	STATE OR COUNTRY OF RESIDENCE New York	COUNTRY OF CITIZENSHIP IN
POST OFFICE ADDRESS c/o Office of Industrial Affairs Memorial Sloan-Kettering Institute for Cancer Center 1275 York Avenue		CITY New York	STATE/COUNTRY ZIP CODE New York US 10021
DATE	1/11/99	SIGNATURE <i>shirley bartido</i>	
NAME OF THIRD INVENTOR	LAST NAME XU	FIRST NAME Yiquing	MIDDLE NAME <i>YQ</i>
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE Astoria <i>Brent</i> <i>New Rochelle</i>	STATE OR COUNTRY OF RESIDENCE New York	COUNTRY OF CITIZENSHIP CN
POST OFFICE ADDRESS c/o Office of Industrial Affairs Memorial Sloan-Kettering Institute for Cancer Center 1275 York Avenue		CITY New York <i>New Rochelle</i> 25 Trinity Place, Apt. 1D	STATE/COUNTRY ZIP CODE New York US 10021 10805
DATE	1-17-99	SIGNATURE <i>Yiquing Xu</i>	
NAME OF FOURTH INVENTOR	LAST NAME WANG	FIRST NAME Siqun	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE New York	STATE OR COUNTRY OF RESIDENCE New York	COUNTRY OF CITIZENSHIP CN
POST OFFICE ADDRESS c/o Office of Industrial Affairs Memorial Sloan-Kettering Institute for Cancer Center 1275 York Avenue		CITY New York	STATE/COUNTRY ZIP CODE New York US 10021
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